

DR. JACQUELINE HONIG’S MOTION AND MEMORANDUM IN
SUPPORT OF MOTION IN LIMINE TO EXCLUDE STANDARD OF
CARE OPINIONS OF PLAINTIFF’S EXPERTS

EXHIBIT B

Deposition of Darla Welker



Deposition of:
Darla A. Welker

December 14, 2020

In the Matter of:
**Holliman, Michelle v. We Are Sharing
Hope SC, et al**

A. William Roberts, Jr & Assoc.
800-743-3376 | calendar-awr@veritext.com | www.veritext.com

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STATE OF SOUTH CAROLINA COURT OF COMMON PLEAS
COUNTY OF CHARLESTON 9TH JUDICIAL CIRCUIT
MICHELLE CHA HOLLIMAN, individually and as personal
representative of the Estate of Allen B. Holliman,

Plaintiff,

vs. CASE NO. 2020-CP-10-2902

WE ARE SHARING HOPE SC, MEDICAL UNIVERSITY OF SOUTH
CAROLINA, and UNITED NETWORK FOR ORGAN SHARING,
Defendants.

VIDEOCONFERENCE

DEPOSITION OF: DARLA A. WELKER

DATE: December 14, 2020

TIME: 10:04 a.m.

LOCATION: Mount Pleasant, South Carolina

TAKEN BY: Counsel for the Plaintiff

REPORTED BY: MARIE H. BRUEGGER, RPR, CRR
(Appearing Via VTC)

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1 APPEARANCES OF COUNSEL:

2 ATTORNEYS FOR THE PLAINTIFF

3 MICHELLE CHA HOLLIMAN, individually and
4 as personal representative of the
Estate of Allen B. Holliman:

WYCHE, PA

5 BY: LUCY DINKINS (Via VTC)

6 BY: JOHN C. MOYLAN III (Via VTC)

807 Gervais Street, Suite 301

Columbia, SC 29201

7 (803)254-6542

ldinkins@wyche.com

8 jmoylan@wyche.com

9
10 ATTORNEYS FOR THE DEFENDANT

WE ARE SHARING HOPE SC:

11 HOOD LAW FIRM

12 BY: MOLLY H. CRAIG (Via VTC)

172 Meeting Street

13 Charleston, SC 29401

(843)577-4435

14 molly.craig@hoodlaw.com

15
16 ATTORNEYS FOR THE DEFENDANT

MEDICAL UNIVERSITY OF SOUTH CAROLINA:

17 BUYCK & SANDERS, LLC

18 BY: DARREN K. SANDERS (Via VTC)

305 Wingo Way

19 Mt. Pleasant, SC 29464

(843)377-1400

20 dks@buyckfirm.com

Holliman, Michelle v. We Are Sharing Hope SC, et al

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1 APPEARANCES CONTINUED:

2 ATTORNEYS FOR THE DEFENDANT

3 UNITED NETWORK FOR ORGAN SHARING:

4 HALL BOOTH SMITH, PC

5 BY: JACK G. GRESH (Via VTC)

6 BY: LAUREN SPEARS GRESH (Via VTC)

7 111 Coleman Boulevard, Suite 301

8 Mt. Pleasant, SC 29464

9 (843) 720-3460

10 jgresh@hallboothsmith.com

11 lgresh@hallboothsmith.com

12 ALSO PRESENT:

13 Christe All (Via VTC)

14

15

16

17

18

19

20

21

22

23

24

25

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I N D E X

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DARLA A. WELKER

Examination by Ms. Dinkins

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SIGNATURE OF DEPONENT

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(No Information Requested)

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1 DARLA A. WELKER

2 being first duly sworn, testified as follows:

3 EXAMINATION

4 BY MS. DINKINS:

5 Q Good morning, Ms. Welker. Thank you
6 very much for being here this morning. I
7 appreciate your time.

8 A Good morning.

9 Q As you just heard, my name is Lucy
10 Dinkins, and I represent the plaintiff, Michelle
11 Holliman. She's brought a lawsuit both
12 individually and as the personal representative of
13 the Estate of Allen Holliman against We Are
14 Sharing Hope, MUSC, and UNOS.

15 Do you understand that you're here
16 today to give testimony in connection with this
17 case brought by Mrs. Holliman?

18 A I do.

19 Q Before we begin, I'd like to go over
20 just a few of the rules and procedures governing
21 the deposition. If you could please remember to
22 answer all of the questions with a clear verbal
23 answer so that the court reporter can accurately
24 record your answer.

25 And also, please try to wait until I

1 Q As an AOC, are you involved with
2 determining and reporting the blood type of organ
3 donors?

4 A Yes.

5 Q And can you describe your involvement
6 with that, please?

7 A The blood type is, again, sent with
8 VRL -- to VRL for two samples that are drawn at
9 two different times, and we also run a hospital
10 ABO in the beginning.

11 So when we receive the two VRL
12 specimens, those are received by the clinical
13 allocation technician. When those are received,
14 they would then report them to the on-site
15 clinician, and then they notify me as to the
16 results of those two samples that were drawn. And
17 then I verify that it's the correct donor with the
18 correct UNOS ID, the correct birthdate, the
19 correct collection time for both of those, and
20 verify that those two ABOs match.

21 Q And you also mentioned running a
22 hospital ABO?

23 A Correct.

24 Q Can you tell me a little bit about
25 that, please?

1 A No. And there would have been -- at
2 different times when the case starts, there are
3 other clinicians on. Michael was on that
4 particular day.

5 Q For the donor at issue in this case?

6 A Yes, for the donor the day that the
7 blood type was typed as well as for the OR and the
8 recovery in the OR.

9 Q So would it have been his role to
10 review the medical records of the donor at issue
11 in this case?

12 A Yes.

13 Q Are you responsible for approving the
14 blood type reported for donors that you're working
15 on?

16 A Yes.

17 Q And what do you do in order to approve
18 a blood type reported for a donor?

19 A Again, I look at the two samples that
20 are drawn at VRL to compare those two, and if
21 they're the same blood type, then we would report
22 those and verify those two ABOs as the reported
23 case of what the -- that's the normal practice.
24 So those two blood types match, they have the --
25 it's the right donor, the right -- the right VRL

1 form, requisition form drawn at two separate
2 times, both the same result. Those are reported
3 as the ABO.

4 Q And so what happens if those VRL
5 results don't match?

6 A We utilize the hospital ABO. So our
7 policy and practice is if we have an indeterminate
8 ABO from VRL, our policy states or allows for us
9 to use two different samples drawn at two
10 different times.

11 And we had the initial ABO, and I
12 don't remember the date and time, but I do recall
13 that it was -- and then Michael and I spoke about
14 ordering a second ABO when we got the
15 indeterminate results on this particular case, and
16 Michael -- while we were on the phone, Michael
17 reported that he'd found another blood type that
18 was drawn approximately 23 hours later, on a
19 different date, and the result was the same, so we
20 had two ABOs that were reported by the hospital as
21 being O. And if we had two samples that reported
22 at two different times, per UNOS policy and WASH
23 policy, we were allowed to use those two samples.

24 Q And so you just were describing the
25 blood typing results for the donor at issue in

1 massively transfused, we put in place a hard stop
2 on the case, and that cannot be released until the
3 medical director has reviewed all of the blood
4 types and releases that blood type as being
5 resulted as what they determine it to be with
6 their investigation.

7 Q And when was that procedure put in
8 place?

9 A Shortly after this event.

10 Q And it was put in place because of
11 this event?

12 A Yes.

13 Q In November 2018, did the medical
14 directors get involved in a donor who had had
15 massive blood transfusions?

16 A I don't recall the extent, but again,
17 that sample -- we had two samples drawn at two
18 different times that were -- resulted the same by
19 the hospital, and that was within WASH's policy as
20 well as UNOS's policy, so we -- no, I don't recall
21 that we did at that point just because we had two
22 resulted samples that were the same.

23 Q So you're saying you don't recall that
24 the medical directors became involved in this
25 donor's case?

1 I'm assuming that it's kept in DonorNet somewhere
2 who did the verifications.

3 Q Can you please describe what you do in
4 general to approve a donor's blood type?

5 MS. CRAIG: Object to form,
6 "approved."

7 THE WITNESS: So I'm supposed to
8 answer that one, correct?

9 MS. CRAIG: Yes. And, Darla, you're
10 supposed to answer all questions unless I
11 specifically instruct you not to answer it.

12 THE WITNESS: Okay.

13 MS. CRAIG: Thank you.

14 THE WITNESS: In general practice,
15 again, we receive serologies which contain -- and
16 NATs which contain two different samples drawn for
17 blood typing. They're drawn at two different
18 times. So we verify that it's the same UNOS ID on
19 both of those samples, that they're drawn at two
20 different times, or collected at two different
21 times is actually how it's stated on the form, and
22 that it's the same requisition form, and that
23 those two ABOs match.

24 BY MS. DINKINS:

25 Q And what did you do to approve this

1 donor's blood type?

2 MS. CRAIG: Object to form.

3 THE WITNESS: Those two results came
4 back indeterminate. And when those two came back
5 indeterminate, I first spoke with Janine, and then
6 I called Michael or Michael called me, I'm not
7 100 percent certain, and we discussed drawing
8 another blood type. And Michael informed me that
9 he had a second ABO at the hospital that was drawn
10 approximately 24 hours out from the first ABO that
11 was drawn, and that they both resulted in an O.
12 So we had two samples that were drawn at two
13 different times that both resulted in an O, and so
14 we followed our Sharing Hope policy as well as
15 UNOS guidelines.

16 BY MS. DINKINS:

17 Q Did Michael tell you that the donor
18 had received blood transfusions?

19 A I don't recall.

20 Q Did you ask him whether the donor had
21 received any transfusions?

22 A I don't recall.

23 Q Why did you think that the VRL results
24 came back indeterminate?

25 A Sometimes samples are hemodiluted

1 MS. CRAIG: Same objection.

2 THE WITNESS: This particular case,
3 this ABO discrepancy.

4 BY MS. DINKINS:

5 Q And so is it your understanding that
6 these procedures were put in place so that a
7 situation like what happened with this donor would
8 not happen again?

9 A Do you mean to prevent a situation?
10 Yes.

11 Q In 2018, did WASH have a written
12 protocol for addressing conflicting or
13 indeterminate blood type results?

14 A No, just that we had to have two
15 different blood types from two different draw
16 times that resulted in the same blood type.

17 Q And there was no written policy about
18 what to do if one of the blood type results came
19 back indeterminate. Is that correct?

20 A If one blood type -- if the blood type
21 came back discrepant, we were to look to draw
22 another sample to have two samples to compare, but
23 we found a second sample, again, which was almost
24 24 hours apart, same blood type, collected at the
25 same hospital, that resulted the same.